

# THE USE OF TOCILUZIMAB IN COVID-19 INPATIENTS: EXPERIENCE FROM A DISTRICT GENERAL HOSPITAL

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## Introduction

Tocilizumab (TCZ) reduces mortality in Covid-19. There is a concern regarding secondary bacterial infections. Locally, TCZ is given to

those with a rapidly deteriorating oxygenation or needing ventilation. Neutrophil and platelet counts must be above  $2 \times 10^9/L$  and  $50 \times 10^9/L$ .

Bacterial infections or immunosuppression are relative contra-indications, and blood borne viral (BBV) serology must be sent.

### Reference

RECOVERY Collaborative Group. Tocilizumab in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial. *Lancet*. 2021 May 1;397(10285):1637-1645.

## Methods

With Caldicott approval, all patients receiving TCZ between 1st of Feb 2021-28th of June 2021 were analysed.

## Results

104 patients were identified-Median age 59 years (IQR 19); 65M/39F. 51 received a 600 mg dose, 49 800mg, 3 400mg and 1 510mg (weight adjusted).

Procalcitonin levels were not tested in 4, median PCT 0.21 (IQR 0.41).

35 were having concurrent antibiotics and 11 had intercurrent immunosuppression. All were on steroids, all had appropriate platelets or neutrophil counts. 88 had TCZ at the time of ventilation commencement.

BBV serology was tested in 52. 1 was positive for HIV (testing improved over time). Liver transaminitis in was noted in 76/104 (73%)-majority improved.

There were 25 (24%) deaths. 23 infections occurred within 3 months (1 severe septicaemia unclear source, 10 pneumonias the rest were UTIs, osteomyelitis, cellulitis, orchitis or unknown in 2). Infections occurred after 1 400mg dose, 10 600mg doses and 12 800mg doses.

## Conclusions

**TCZ seems safe. Infections within 3 months approach 30%. Our cohort does not have a control group, and we have not corrected for confounders, but BBV serology must be sent- increased vigilance is required.**